

NOV 22 2004

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BINGHAM McCUTCHEN

# Facsimile

DATE November 22, 2004

	NAME	FAX	PHONE
TO	Examiner Theodore J. Criares USPTO - Art Unit 1617	(703) 872-9306	

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PAGES (INCLUDING THIS COVER PAGE): 19  
Application Serial No.10/051,320

RE

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This Facsimile includes the following:

Transmittal Form (1 pg);  
Fee Transmittal in duplicate for fee processing (2 pgs);  
Request for Continued Examination Transmittal (1 pg);  
Communication in Connection with the Filing of a Request for  
Continued Examination Application (RCE) (7 pgs) and  
Supplemental Information Disclosure Statement w/form PTO/SB/08A  
and one cited reference (7 pgs)

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NOV 22 2004

PTO/SB/21 (08-03)

Approved for use through 07/31/2008, OMB 0661-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/051,320	
	Filing Date	1/18/02	
	First Named Inventor	H. Michael Shepard	
	Art Unit	1617	
	Examiner Name	Criares, Theodore J.	
Total Number of Pages In This Submission	18	Attorney Docket Number	NB 2019.00

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <b>Request for Continued Examination and Copy of U.S. Patent No. 5,643,893</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Bingham McCutchen LLP Antoinette F. Konski
Signature	<i>Antoinette F. Konski</i>
Date	November 22, 2004

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being sent via facsimile on the date indicated below to: Commissioner for Patents, Art Group Unit 1617 fax number (703) 872-9306 to Examiner Theodore J. Criares.			
Typed or printed name	Peggy Nichols	Date	November 22, 2004
Signature	<i>Peggy Nichols</i>		

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 395**Complete if Known**

Application Number	10/051,320
Filing Date	1/18/02
First Named Inventor	H. Michael Shepard
Examiner Name	Criares, Theodore J.
Art Unit	1617
Attorney Docket No.	NB 2019.00

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
Account  
Number

50-2518

Deposit  
Account  
Name

Bingham McCutchen LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385		
1002	340	2002	170		
1003	530	2003	265		
1004	770	2004	385		
1005	160	2005	80		

**SUBTOTAL (1)**

(\$) 0

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
18	-20 **	0	0
Independent Claims	1	-3 **	0
Multiple Dependent			0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	16	2202	9		
1201	86	2201	43		
1203	290	2203	145		
1204	88	2204	43		
1205	18	2205	9		

**SUBTOTAL (2)**

(\$) 0

\*\*or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	180	2051	65			Surcharge - late filing fee or oath	
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130			Non-English specification	
1812	2,520	1812	2,520			For filing a request for reexamination	
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*			Requesting publication of SIR after Examiner action	
1251	110	2251	55			Extension for reply within first month	
1252	420	2252	210			Extension for reply within second month	
1253	850	2253	475			Extension for reply within third month	
1254	1,480	2254	740			Extension for reply within fourth month	
1255	2,010	2255	1,005			Extension for reply within fifth month	
1401	330	2401	165			Notice of Appeal	
1402	330	2402	165			Filing a brief in support of an appeal	
1403	290	2403	145			Request for oral hearing	
1451	1,510	1451	1,510			Petition to institute a public use proceeding	
1452	110	2452	55			Petition to revive - unavoidable	
1453	1,330	2453	665			Petition to revive - unintentional	
1501	1,330	2501	665			Utility issue fee (or release)	
1502	480	2502	240			Design issue fee	
1503	640	2503	320			Plant issue fee	
1480	130	1460	130			Petitions to the Commissioner	
1807	50	1807	50			Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180			Submission of Information Disclosure Stmt	
8021	40	8021	40			Recording each patent assignment per property (times number of properties)	
1809	770	2809	385			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385			For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385			Request for Continued Examination (RCE)	385
1802	900	1802	900			Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(\$) 395

**SUBMITTED BY**

Name (Print/Type)	Amirade F. Konold	Registration No. (Attorney/Agent)	34, 202	Telephone	(650) 848-4950
Signature	<i>Amirade F. Konold</i>	Date	November 22, 2004		

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**FEE TRANSMITTAL  
for FY 2004**

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☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 395

## Complete if Known

Application Number	10/051,320
Filing Date	1/18/02
First Named Inventor	H. Michael Shepard
Examiner Name	Crares, Theodore J.
Art Unit	1617
Attorney Docket No.	NB 2019.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None, Order☒ Deposit Account:Deposit  
Account  
Number

50-2518

Deposit  
Account  
Name

Bingham McCutchen LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	720	2004	365	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
18	-20	0	0
Independent Claims	1	-3	0
Multiple Dependent			0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	280	2203	143	Multiple dependent claim, if not paid	
1204	88	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$ 0

\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
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1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920	1804	920	Requesting publication of SIR prior to Examiner action	
1805	1,840	1805	1,840	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
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1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 395

## SUBMITTED BY

Name (Print/Type)	Registration No. (Attorney/Agent)	34, 202	Telephone	(550) 849-4950
Arifans F. Kouski				
Signature			Date	November 22, 2004

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